MARGIN RESERVED FOR BINDING

		PLACE OF DEATH	STATE OF MARYLAND
		County Charles	CERTIFICATE OF DEATH
		2.2	Registration Dist. No / 8
icate.	Vill	age or City Cross Prade (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ertit		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SI	exuale White Single, MARRIED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH 24, 1932 (Month) (Day) (Year)
d no suo	6 D	(Aloath) (Day) (Year)	that I last saw a compalier on 1982.
Instructi	7 AC	28 yrs. 3 mos. 8 ds. or min.?	and that death occurred on the date stated above, at 3 pm. The CAUSE OF DEATH * was as follows: full reules in the cause of the cause o
See	(a pa	Trade, profession or Houseufe	
rtant.	bu) General nature of industry siness, or establishment in hich employed or (employer)	(Duration)yrsds.
Impo	9 B	(State or country) Charles Co. Mil.	Contributory Secondary (Düration) vis. mos. ds.
very		10 NAME OF John J. B. Willett.	(Signed) Vev. C. Becknull, M.D.
ON is	ENTS	OF FATHER (State or country) Churle Co. Md.	*State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	PAR	of MOTHER Maygie E. Holt.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
occn	1	OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
of	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
tatement		(Informant) Lewis Colame.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
state	_	(Address) Machington, At-	Curs Roads Ind Jam 26, 1932
	15	Filed for 25 1923 2 1 1 Thrompson Registrar	H. Rem Ra Plata M.
	-	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation If the occupation has been changed material Grocery; Wom-

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e.g., sepsis, fetanus) may be stated under the head of "contributory." Capproved by Committee on Nomenclature of the American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; not be

Appropriate is looked over thoroughly and all questions appropriate in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permahently filed.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed us At school, or At home. Care should be taken definite salary), may be entered as Housewijc, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enetc., especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm loborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coul mine, etc. Wom-6 Grocery;

Strtement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railroay trainunqualified, is indefinite); Tuberculosis of lungs, mensecondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, cough; or intercurrent) affection need "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Committee on Chronic valvular heart discase; etc. The Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registration Dist. No Village or City Manual 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE MARRICO (Widowith) (Day) 7 AGE ILLESS than Law, has Law, has	PLACE OF DEATH County Charles	STATE OF MARY CERTIFICATE OF
PERSONAL AND STATISTICAL PARTICULARS 3 SEX		(IIO)
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRICO. MARRICO. MARRICO. OR DIVENCED (Write the word) 16 DATE OF DEATH 17 1 Highery CERTIFY, That I attended to that I last saw h alive on and that death occurred on the date stated above, a law, hrs. In the CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of (ipidustry business, or establishment in which employed or (employer) 10 NAME OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 SIRTHPLACE (State or Country) 12 MAJDEN NAME OF MOTHER (State or Country) 13 SIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 Filed M 3 1831 18 PACE OF BURIAL OR REMOVAL DATE OF DEATH 19 PLACE OF BURIAL OR REMOVAL D	Q . P.	tion, g
MARRIED MIDOWED MID	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as follows:	MARRIED, WIDOWED, OR DIVORCED	1 / - 8 -
I day hrs. The CAUSE OF DEATH * was as follows:	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended to
B OCCUPATION (a) Trade, profession or particular kind of work particular kind of kind of kind kind kind kind kind kind kind kind	l day	hrs. The CAUSE OF DEATH * was as follows:
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 17 Afg. W. State OF BURIAL OR REMOVAL 18 LENGTH OF RESIDENCE (For Hospitals and International Contracted, if not at place of death) Where was disease contracted, if not at place of death? 19 PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL ADDR. A	(a) Trade, profession or particular kind of work and (b) General nature of industry	aluth Indiges
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Signed) *State the Disease Causing Death, or, if Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institute of death yrs	which employed or (employer)	Contributory Secondary
(Informant) (Informant) (Informant) (Address) (Addr	FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAMED OF MOTHER 13 BIRTHPLACE	(Signed)
(Address)	(State or Country). Ma	Where was disease contracted, if not at place of death?
Filed In 8-1832 7 2 Hey don By N. Strack May	h	19 PLACE OF BURIAL OR REMOVAL, DAT
	Filed M & 1821 A Registra	& Dr. N. Strack bay

66430

STATE OF MARYLAND CERTIFICATE OF DEATH

(118)	Registration I	Dist. No.
icr	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL	CERTIFICATE C	F DEATH
16 DATE OF DEATH	/	8- , 19\$ 2
	ERTIFY, That I atte	(Day) (Year) ended the deceased from , 192,
and that death occurred The CAUSE OF DEATH	d on the date stated	above, at 7 Cly m.
acut	Inday	
Contributory Secondary	(Duration)	mos ds.
(Signed) / (Signed)	(Address)	or, in deaths from ury and (2) Whether
IB LENGTH OF RESIDENTS OF RECENT RESIDENTS OF RECENT RESIDENTS OF RESI	dents) In theds. State ted,	alse Institutions, Trans-
19 PLACE OF BURIAL 20 UNDERTAKER	OR REMOVAL,	DATE OF BURIAL

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Further tre-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screak, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taker definite salary), may be entered as Housewife, Houseen at home, who are engaged in the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits ean be known. The queshousehold only (not paid Housekeepers who receive a cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Womduties of the ook,

Typhoid fener (never report "Typhoid Pneumonia spinal meningitis"; Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Div (t) only definite synonym is "Epidemic cerebropneumonia, Bronchopncumonia ("Pneumonia,

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permanently filed ans If this certificate is looked over thoroughly and al qu stions rered in detail, it will prevent further correspondence. is essential and must be obtained before the certificate is

A.F.

No. 1

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Filed Thinks

	PLACE OF DEATH
	County Charles
	Village or City Buyuns Poad (No. 2FULL NAME Charles Henry PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED. Widower Widower OR DIVORCED (Write the word) B DATE OF BIRTH October (Month) (Day) (Year) AGE 16 COCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANAGEM CARTER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER MANAGEM CARTER (State or Country) 12 MAIDEN NAME OF MOTHER MANAGEM CARTER OF MOTHER MANAGEM CARTER (State or Country) 12 MAIDEN NAME OF MOTHER MANAGEM CARTER (State or Country) 13 MAIDEN NAME OF MOTHER MARRIED. M
	2 FULL NAME Charles Henry
	PERSONAL AND STATISTICAL PARTICULARS
	Colored MARRIED Widower
6 0	DATE OF BIRTH
7 A	I day hrs.
(; _ P	a) Trade, profession or Rubner
b	usiness, or establishment in
9 E	(State or country) Charles Co. Maryland
	10 NAME OF John Dalcher
STN	OF FATHER Muyland
PARE	12 MAIDEN NAME MANJ admie Carter
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) James & Dallel
	(Address 2 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1

66431 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-St.: Ward)

Datcher	stead of number.)	street and
MEDICAL CERTIFIC	ATE OF DEATH	
16 DATE OF DEATH January	129	1932
	h) 28 (Day) 19	
I HEREBY CERTIFY, Th.		eceased from
		, 192,
and that death occurred on the date		
The CAUSE OF DEATH * was Andoll	lows:	
	er or blown	
the fredly For	icolal. cust	<u> </u>
		·····
ludd 2 days (Duratio	yto,I	mosds.
Contributory Secondary		Single Market
	on)утв	mosds.
(Signed) P. H. Lee Re	uch Coron	W ME
Jany 29 1932 (Address)		ne.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in de of Injury and (2	aths from) Whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institu	tions, Trans-
At place of deathyrs	In the Stateyrs	mosds
Where was disease contracted, if not at place of death?		
Former or usual residence	200468440 ···· 6000 0040 0040 0000 0000 0040 0000	
19 PLACE OF BURIAL OR REMOVA	L DATE OF	FBURIAL
& Walnepold in Cen	of four?	19.3.3
20 UNDERTAKER	ADDRESS	
1 1 1	1 com m	M. sal

more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart Iniure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonilis," etc. discases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; Chronic Carcinoma, Sarcoma, etc. valvular heart The contributory Always qualify all Measles , disease etc., of

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Country - le - le	(ex. a)	Registration Dist. No. / 0 /
Village or City Market	No.	St. Wa
		nstitution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	, , , ,	. if of foreign hirth?yrsmos,
2. FULL NAME Joseph	1. Deakin	2)
(a) Residence: No. (Usual place of a	St., Ward.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	8	CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIE OR DIVORCED (C.)	price the word)	H (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	0	
(or) WIFE of	22. I HERE	BY CERTIFY, That I attended daceased f
DATE OF BIRTH (month, day, and year)	18-55 I last saw halive on	
AGE Years Months Oays	If LESS than to have occurred on the date	stated obove, at 7. 7m.
	day,hrs. The PRINCIPAL CAUSE OF E	DEATH and related causes of importance
8. Trade profession or particular	Death de	- Detection
SAWYER, BOOKKEEPER, etc.	carate causes	alet age and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	anthum	
) 10. Date deceased last worked et 11. Total time	(years)	ederny ;
this occupation (month and year) spent in occupation	Other Cantributary Causes of	incolored in the second of the
12. BIRTHPLACE (city or town). Charles Cu.		importance.
(State or country)		
13. NAME Zucknown		
14. BIRTHPLACE (city or town) Landens	Name of operation	Date of
(State of Country)	What test confirmed diagnosis	8? Was thara an autopsy?
15. MAIDEN NAME Turkun		al causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Zankum		9?, 19, 19, 19, 19, 19
7. INFORMANT Q Crusmon	Where did Injury occur?	(Specify eily or town, county and State) ed in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) Mear Louis, 2018. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place Marberry, and Date Jan.	11 10 37	
19. UNDERTAKER / Street + Rego- (Address) 74 C. Leton / 22	24. Was disease or Injury in e	ny wey related to occupation of deceased?
	If so, specify	
20, FILEO. Jan. 10., 19.32 mary Sure	tt / (Signed) Teo	r. C. Di alevell

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Seeles UNo. Md 2FULL NAME See Laut	Registration Dist. No. / O & St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH / 2 7, 1927 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 7 7 , 492 that I last saw h Wellie on 1927 ,
7 AGE If LESS than I day hrs. ds. or min.?	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (i) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) (Address) Ceefworn one	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1/2 3/, 1932
Filed /22 19232 Ena Okappelea	20 UNDERTAKER TO TORE Herbora ha
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

answered in detail, it will prevent further correspondence. All the

1932

m carbolic acid—probably suicide. The nature of the injury, Itelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid If this certificate is looked over thoroughly and all questions can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Always qualify all not be disease;

S. No. 1

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N./B.-

	PLACE OF DEATH	50434 STATE OF MARYLAND CERTIFICATE OF DEATH
	County Charles	Registration Dist. No. 105
Vi	llago or City Pimfret (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2 FULL NAME Mary mac La	ut the steet and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Herale Oolor of Race 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jace - 13 7 , 193 2. January (Month) 13 (Day) 1932 (Year)
6	Sept. 2774, 1883 (Month) (Day) (Year)	that I last saw her alive on Jour 15 74, 1922.
7	M8 yrs. 9 mos. 14 ds. or min.?	
K	occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. 6 inos. ds.
	BIRTHPLACE (State or country) Maryland	Contributory M. mcho M. M. Secondary (Duration) yrs
	10 NAME OF Harry Marshall 11 BIRTHPLACE	(Signed) D. St. C. Care plotte M. D. Jan 147 1932 (Address) La Plata mod.
ENTS	OF FATHER Many Land (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Louise Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
	(Informant) Dorothy France (Address) Profest Ind-	St. Josepho Camebory Jan 15th, 1932
15	Filed gan 14 1 1922 Clara a. Green Registras	Johns Je Brown Pomonkey
1	If more branks are needed, addre s Ltate Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without "Laborer, Laborer, Coat muss, laborer, Furm laborer, Laborer, Coat muss, laborer, Furm laborer, Laborer, Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sorvant, Cook, Housenuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile jactory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomolive engineer,

EA. # CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal facer (the only definite synonym is "Epidemic cerebros, mal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved (Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEA		1 WALL	LAND	CERTIFICATE OF DEATH
	Chimuxen		(if	No
			yrs,mos	ds. How long in U.S. if of foreign blrth?yrsmos
2. FULL NAME				
(a) Residence: No.	Chimuxe	n, Md.	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AN		CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	or or race	5. SINGLE, MAR OR DIVORCE Marri	RRIED, WIDOWED, ID (write the word)	January 10 193 2 (Year)
5a. If married, widowed, or div HUSBAND of				22. I HEREBY CERTIFY, That I attended deceased f
(or) WIFE of Gilb				4 January 1962 to 10 January 19
6. DATE OF BIRTH MANTE	y, and year) Kno	1892		I last saw h.er. alive on 7 January, 19.32; death is
7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8 Trade profession or n	3. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, etc.			Myocarditis, acute 1-4
9. Industry or business to work was done, as SAW MILL, BANK,	n which			
kind of work done SAWYER, BOOKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mo	rked at onth and	sp9	time (years) ent in this upation 13yr	5
12. BIRTHPLACE (city or town (State or country)	Ripley	ounty		Other Coatributory Causes of importance:
13. NAME Watt 14. BIRTHPLACE (city or t (State or country)	-			Name of operation Date of
	Not know	~~		What test confirmed diagnosis? Was there an autopsy?
	0.0	me		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or to (State or country)	own)			Where did Injury occur?
17. INFORMANT Gil (Address) Chim	bertHa	rt		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL	/	.4	Manner of injury
Place Chican	myere	_Date_/MM	1.131932.	Nature of injury
	wn omonkey		and,	24. Was disease or injury in any way related to occupation of deceased? no lf so, specify (Signed) ROSET A. NO 18 n
20. FILED Jan 1.Z.,		1 Toe		(Address) Naval Dispensary 2411 N. Charles Street, Baltimore, Requesting this North

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure; asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, it any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I B 8 103	20 11 1	Example II	
The principal cause of death and related causes of importance were as follows: UREAU V		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

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PLACE OF DEATH	UU436 STATE OF MARYLAND
County Muslic	CERTIFICATE OF DEATH
20 1	Registration Dist. No. 1074
Village or City on flynersh (No. 2FULL NAME Inang & &	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / - 2 6^ ~, 19 B 2 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from -24
7 AGE (Nonth) (Day) (Tear) 7 AGE (If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Ceculi Valerelas Heart
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Soft S. Huspin	(Signed) J. S. Hydry M. D. M. D. Waydulls
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address Trofkmint)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Holy Short Cambring 1-27-, 1932
Filed 1-26 1982 John Hyden Registrar	Chen W. Rybdy Belutton
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (18 or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Salesman. Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, whereas may be stated under the head of "contributory." approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing stated unless important. (Recommendations on statement of cause of death State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train-(secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), name origin; "Cancer" is less definite; avoid "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," for malignant neoplasms); Chronie Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

- 1		
	PLACE OF DEATH	1.0437 STATE OF MARYLAND
	County Charles.	CERTIFICATE OF DEATH
1	Oronsegles of	Registration Dist. No. 102
	Village or City Tolean 4	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	2FULL NAME COSTY	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	Hemal Black SINGLE. MARRIED, Single OR DIVORGED OR DIVORGED (Write the word)	16 DATE OF DEATH 23, 1932 (Month) (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	May 8, 1907	192 to
	(Month) (Day) (Year) 7 AGE (IfLESS than	that I last saw h alive on, 192,
	9 4 I I day hrs.	and that death occurred on the date stated above, at
	Tyrs. mos. ds. or min.?	In physician in attendance
	(a) Trade, profession or particular kind of work	quath posselly-due
	(b) General nature of industry	Of Chief to
	business, or establishment in which employed or (employer)	Ouration Vis. mos. ds.
1	9 BIRTHPLACE (State or country) Charle Co. Ind.	Contributory Secondary
	10 NAME OF Quequetus a Keys	(Signed) Le. C. Beltrull M. D.
	11 BIPTHPI ACE	your 24,1982 (Address) Markey Md
	OF FATHER (State or country) Clearles Co. Gud.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Clizaleth Proctor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Of Mother Country)	At place of deathmosdsdsds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Quequetter Kings,	Former or usual residence
	(Address) Mosisko op. Mg.	Siel Jek And Jone 24, 1932
	Filed Jan 24 1982 J. J. Maddont	Jas . Semy Indianition
	If more blanks are needed, address Sonte Registrar	, 6 W. Saratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of worked on may form part of the second statement. nature of the business or industry, and therefore an Statement Foreman, 9 For many occupations a single word or term on At Home, and children, of Occupation-Precise statement of oc-For persons who have no occupation (b) (a) the kind of work and also (b) the Automobile factory. The not gainfully em-The quesmaterial Grocery.

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebros pindle fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Approved by Committee on American Medical Association.) diseases resulting from childbirth or miscarriage as "Phereperal senticaemia," "Puerperal peritonitis," etc. stated unless important Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weaknoss," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," causing death), 29 ds.; L. unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), affection need valvular heart The contributory not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is exempled.

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken whatever, write None. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer, or Planter, tion applies to each and every person, irrespective of Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day -Coal minc, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by earbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," State cause "Uraemia," "Weaknes:," cte., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," stated unless important. Example: Mcastes (disease causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); Meastes; inges, peritonacum, etc., Curcinoma, Surcoma, etc., unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-"Coma," The na-(merely (second-

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PINDING

(Approved by U. S. Census and American Public Health Association.)

or given up ou account of the disease causing death, Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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BUREAU

PLACE OF DEATH	STATE OF MARY
County (CERTIFICATE OF
Village or City Mal Cale (No.	Registration Dist. N
2FULL NAME Jarah Joah	St.: Ward) a hor tion, stead numl
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day
DATE OF BIRTH ON 22, 1869	17 I HEREBY CERTIFY, That I attended to
7 AGE (Month) (Day) (Year) 7 AGE (Jayum hr. or min.	. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Tuplered Off
10 NAME OF FATHER CEN - LOUIS	(Signed) Description (Signed) Description Started
OF FATHER (State or country)	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury ar Accidental, Suicidal or Homicidal.
12 MAIDEN NAME MON auf Coulu	18 LENGTH OF RESIDENCE (For Hospitels, In
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Jarah P Haller	usual residence
15 Filed / 29 /3 2/92 and Happelear Registrar	20 UNDERTAKER ADDR
	ar, 16 W. Seratoga St., Balto., Requesting V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 108

	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)		
	MEDICAL CERTIFICATE OF DEATH		
	16 DATE OF DEATH Jan 27, 1952		
1	17 I HEREBY CERTIFY, That I attended the deceased from 18		
and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:			
	Contributory Repleyed affected it		
	Secondary (Durstion) yrs mos 4 ds. (Signed) Description M. D. 1 0-5 1930 (Address) Alexander M. A.		
-	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)		
	At place In the of deathyrsmosds.		
	Where was disease contracted, if not at place of death?		
	Former or usual residence		
	19 PLAGE OF BURIAL OR REMOVAL 1 29, 32		
	20 UNDERTAKER ADDRESS		

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been charged gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on befanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BIND 4 FOR WITH UNFADING INK--THIS RESERVED MARGIN

V. S. No. 1

PLACE OF DEATH	5TATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
Ω	Registration Dist. No. 103
Village or City Rycenelle (No. 2FULL NAME George Theory	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Widowed	16 DATE OF DEATH
6 DATE OF BIRTH Spril 28, 1863 (Ajonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193 . to
7 AGE If LESS than	and that death occurred on the date stated above, at
68 yrs. 8 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Cardiovascular renal disease
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary (Duration) vis. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Mainlean Mainlean	(Signed) (Address) (Signed) (M. D. *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Informant) Mes allee Syan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Trunty Cemetary 27, 19,32
Filed Cer 76 1932 J. J. Joff Registrar	20 UNDERTAKER (ADDRESS Choples Mo
If more brank are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Ha "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart discase; Nomenclature " "Shock,"

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